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SEP 11 1939

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Miami County \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD\* Twin Triplet or other? { and } Number\* in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* June 13, 1924  
(Month) (Day) (Year)

Antonia Tempora Romo  
(Give name in full) (Surname)

FULL NAME FATHER Rito Romo

Maria Avila Romo  
(Parent's Signature) Mother

FULL MAIDEN NAME MOTHER Maria Avila

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.  
Blank supplemental reports of birth may be obtained from the local registrar.

SM 6-1-38

MARGIN RESERVED FOR BINDING

File